

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90066 008 ***150.00

0170974 AV

DOCUMENT # P93000060389

1. Entity Name
JOHN MURNANE, INC.



Principal Place of Business
**800 CYPRESS POINTE DRIVE EAST
PEMBROKE PINES FL 33027**

Mailing Address
**800 CYPRESS POINTE DRIVE EAST
APT. 102
PEMBROKE PINES FL 33027**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0434204**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAKLER, HUGH S.
1636 SW 148TH TERR
PEMBROKE PINES FL 33027**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MURNANE, JOHN J JR**
STREET ADDRESS **800 CYPRESS POINTE DRIVE EAST**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **CHAKLER, HUGH S**
STREET ADDRESS **1636 SW 148TH TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ROGERS, JOHN**
STREET ADDRESS **5425 COVE CIRCLE**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1020 PORT ORANGE COURT**
CITY-ST-ZIP **NAPLES, FL 34120**

TITLE **D** ☐ Delete
NAME **MURNANCE, PATRICIA ANN**
STREET ADDRESS **5733 DEAUVILLE CIRCLE APT G-304**
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4643 NAWASSA LANE**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE **D** ☐ Delete
NAME **MURNANCE, JOHN**
STREET ADDRESS **5733 DEAUVILLE CIRCLE APT G304**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MURNANCE, GERALDINE**
STREET ADDRESS **5733 DEAUVILLE CIRCLE G-304**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03

Date

305-271-2828

Daytime Phone #

CR2E034 (10/02)